

PART B—ISSUE FEE TRANSMITTAL

EJR *B*
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	FEB 24 1995 PATENT & TRADEMARK OFFICE 18N1/0123	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
JAMES M. HESLIN TOWNSEND AND TOWNSEND KHOURIE AND CREW ONE MARKET, STEUART STREET TOWER 20TH FLOOR SAN FRANCISCO, CA 94105		INVENTOR'S NAME Street Address City, State and ZIP Code
		CO-INVENTOR'S NAME Street Address City, State and ZIP Code
<input type="checkbox"/> Check if additional changes are on reverse side		

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/238,842	05/06/94	009	GITOMER, R. 1815	01/23/95
First Named Applicant	ZWEIG,	STEPHEN E.		

TITLE OF INVENTION TEST ARTICLES FOR PERFORMING DRY REAGENT PROTHROMBIN TIME ASSAYS (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 153813	435-013.000	I16	UTILITY	YES	\$605.00	04/24/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	TOWNSEND AND TOWNSEND 1 KHOURIE AND CREW 2 _____ 3 _____
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DO NOT USE THIS SPACE							
MM11437	03/01/95	08238842	20-1430	110	242	605.00CH	
RH11438	03/01/95	08238842	20-1430	110	561	30.00CH	

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(1) NAME OF ASSIGNEE: AVOCET MEDICAL INC. (2) ADDRESS: CITY & STATE OR COUNTRY: LOS GATOS, CALIFORNIA USA	6b. The following fees should be charged to: 20-1430

A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	6c. DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies In Enclosed Fees _____
	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) _____ (Date) _____
	JAMES M. HESLIN, REC. 29,541 FEB. 21, 19
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE